

Facility Information

Facility Name: Thalmann Strat Test

Mailing Address 1: _____ Mailing Address 2: _____

County: _____ City: _____ State: GA Zip Code: _____

Facility/Property Address 1: 10 Mile Rd. Address 2: _____

County: Wayne City: Brunswick State: GA Zip Code: 31523

Latitude: 31.320840 Longitude: -81.734687

PRIMARY PERMITTEE

NOTICE OF INTENT:

Initial Notification Re-Issuance Notification Change of Information

Change of Owner/Operator: Formerly Known As: _____

I. SITE/OWNER/OPERATOR INFORMATION

Facility Ownership Type: Privately Owned Facility

Owner's Name: Holly Evans Phone: 2487653563

Email Address: hevans@adv-res.com Address: 4501 Fairfax Dr Suite 910

City: Arlington State: VA Zip Code: 22203

Duly Authorized Representative(s): _____ Phone: _____

Email Address: _____

Operator's Name: Holly Evans Phone: 2487653563

Email Address: hevans@adv-res.com Address: 4501 Fairfax Dr Suite 910

City: Arlington State: GA Zip Code: 22203

Facility/Construction Site Contact: Doug Kilgore Phone: 601-498-9358

Email Address: dr.kilgore529@gmail.com

II. CONSTRUCTION SITE ACTIVITY INFORMATION AND FEE CALCULATIONS

Start Date: 06/26/2024 Completion Date: 12/02/2024

Regulated by a certified Local Issuing Authority (LIA): Yes No

Name of Local Issuing Authority: _____

Acres Disturbed (to the nearest tenth (1/10th) acre) 4.5 X \$80/acre = 360

In an area with no certified Local Issuing Authority

TOTAL FEE SUBMITTED = 360

Does the Erosion, Sedimentation and Pollution Control Plan (Plan) provide for disturbing more than 50 acres at any one time for each individual permittee (i.e., primary, secondary or tertiary permittees), or more than 50 contiguous acres total at any one time?

YES - _____ Date of EPD Written Authorization

NO

N/A - if construction activities are covered under the General NPDES Permit No. GAR100002 for Infrastructure construction projects

Construction Activity Type:

Commercial Industrial Municipal/Institutional Mixed Use

Water Quality/Aquatic Habitat Restoration Linear Utility Residential

Agricultural Buildings Other: _____

III. RECEIVING WATER INFORMATION

A. Name of Initial Receiving Water(s): 10 Mile Swamp

Trout Stream Water Supporting Warm Water Fisheries

B. Name of MS4 Receiving Waters: _____

N/A Trout Stream Water Supporting Warm Water Fisheries

Name of MS4 Owner/Operator: _____

C. Sampling of Receiving Stream(s):

Trout Stream (Δ 10 NTU) Water Supporting Warm Water Fisheries (Δ 25 NTU)

D. Sampling of Outfall(s):

N/A
 Trout Stream
 Water Supporting Warm Water Fisheries

A summary chart (if applicable) delineating the following information for each outfall must be attached:

Number of Sampling Outfalls: 2 Construction Site Size (acres): 4.5

Appendix B NTU Value: 75 Surface Water Drainage Area (square miles): 0.01

E. Does the facility/construction site discharge storm water into an Impaired Stream Segment, or within one (1) linear mile upstream of and within the same watershed as, any portion of an Impaired Stream Segment identified as "not supporting" its designated use(s), as shown on Georgia's most current "305(b)/303(d) List Documents (Final)" listed for the criteria violated, "Bio F" (Impaired Fish Community) and/or "Bio M" (Impaired Macroinvertebrate Community), within Category 4a, 4b or 5, and the potential cause is either "NP" (nonpoint source) or "UR" (urban runoff) ?

No Yes, Name of Impaired Stream Segment(s): _____

F. Does the facility/construction site discharge storm water into an Impaired Stream Segment where a Total Maximum Daily Load (TMDL) Implementation Plan for "sediment" was finalized at least six (6) months prior to the submittal of the Initial NOI ?

No Yes, Name of Impaired Stream Segment(s): _____

IV. CERTIFICATIONS:

I certify that to the best of my knowledge and belief, that the Erosion, Sedimentation and Pollution Control Plan (Plan) was prepared by a design professional, as defined by this permit, that has completed the appropriate certification course approved by the Georgia Soil and Water Conservation Commission in accordance with the provisions of O.C.G.A. 12-7-19 and that I will adhere to the Plan and comply with all applicable requirements of this permit.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that certified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.